



KANSAS

DEPARTMENT OF LABOR
Jim Garner, Secretary

KATHLEEN SEBELIUS, Governor

Worker's Request for Workers Compensation Records

(THIS FORM IS NOT TO BE USED BY EMPLOYERS TO ACCESS WORKERS COMPENSATION RECORDS)

Name: _____

Social Security Number: _____

Address: (street) _____

(city) _____ (state) _____ (zip) _____

Phone Number: (_____) _____

Date of Accident(s): _____

Specify below the records you are requesting:

☐ Accident Report(s) on File ☐ Medical Record(s) on File ☐ Form 88(s) on File

I am requesting that a copy of my records be sent to my legal representative listed below:

Name: _____

Address: (street) _____

(city) _____ (state) _____ (zip) _____

I hereby verify that I am requesting Accident Reports, Medical Records, or Form 88s involving an accident or prior claim in which I either sought workers compensation or suffered an injury, and I hereby give the Division of Workers Compensation permission to send my records to the person or persons specified above.

Signature of Worker: _____ Date: _____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security number be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

DIVISION OF WORKERS COMPENSATION

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